

# APPLICATION FOR PLAN REVIEW

City of Muskegon

933 Terrace St. P.O. Box 536

Muskegon, MI 49443-0536

(231)724-6758

Date

## I. JOB LOCATION

Job Address		Plan review deposit received?	
Name of Owner/Agent		Owner Telephone	
Owner Address	City	State	Zip Code

## II. ARCHITECT OR ENGINEER

Name (Company or Individual)			License Number	
Address	City	State	Zip code	Telephone Number

## III. TYPE OF JOB

Class of work (check all that apply)				
<b>NEW BUILDING</b>	<b>ADDITION</b>	<b>ALTERATION</b>	<b>REPAIR</b>	
<b>RESIDENTIAL</b>	<b>COMMERCIAL</b>	<b>INDUSTRIAL</b>	<b>OTHER</b>	
Description of work				

## FOR OFFICE USE ONLY

	REQUIRED		RETURNED	APPROVED		
BUILDING	Yes	No		Yes	No	
ELECTRICAL	Yes	No		Yes	No	
MECHANICAL	Yes	No		Yes	No	
PLUMBING	Yes	No		Yes	No	
FIRE DEPARTMENT	Yes	No		Yes	No	
SITE PLAN	Yes	No		Yes	No	
OTHER	Yes	No		Yes	No	